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## BIB DATA SHEET

CONFIRMATION NO. 3700

<b>SERIAL NUMBER</b> 10/709,701	<b>FILING or 371(c) DATE</b> 05/24/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3692	<b>ATTORNEY DOCKET NO.</b> 03292.101970.2	
<b>APPLICANTS</b> Tracey R. Thomas, Boonton, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/542,716 02/06/2004 and claims benefit of 60/552,857 03/11/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/10/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SARAH M MONFELDT/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FITZPATRICK CELLA (AMEX) 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES					
<b>TITLE</b> PAY YOURSELF FIRST SYSTEM					
<b>FILING FEE RECEIVED</b> 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		